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CONFIRMATION NO. 4658

<b>SERIAL NUMBER</b> 10/725,633	<b>FILING OR 371(c) DATE</b> 12/03/2003 <b>RULE</b> <i>MH 6-8</i>	<b>CLASS</b> 604	<b>GROUP ART UNIT</b> 3761	<b>ATTORNEY DOCKET NO.</b> SIGU3001/JEK/JJC
<b>APPLICANTS</b> Gudmundur Fertram Sigurjonsson, Reykjavik, ICELAND; Thordur M. Elefsen, Mosfellsbaer, ICELAND; <i>MH 6-8</i>				
<b>** CONTINUING DATA *****</b> This appln claims benefit of 60/437,146 12/31/2002 and claims benefit of 60/482,775 06/27/2003 and claims benefit of 60/503,546 09/17/2003 and claims benefit of 60/518,317 11/10/2003 <i>MH 6-8</i>				
<b>** FOREIGN APPLICATIONS *****</b> <i>MH 6-8</i>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 02/27/2004</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged _____ Examiner's Signature Initials		<b>STATE OR COUNTRY</b> ICELAND	<i>MH 6-8</i> <b>SHEETS DRAWING</b> 10	<i>MH 6-8</i> <b>TOTAL CLAIMS</b> 19
<i>MH 6-8</i> <b>INDEPENDENT CLAIMS</b> 1				
<b>ADDRESS</b> 23364				
<b>TITLE</b> Wound dressing				
<b>FILING FEE RECEIVED</b> 770	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	